

all women of child-bearing age that daily consumption of .4 milligrams of folic acid supplements can reduce their baby's chance of developing spina bifida by 75 percent. The program is working with the National Institutes of Health and other agencies to develop new therapies for people born with spina bifida. Additionally, it is helping better educate doctors and nurses on how they should best care of these patients, and working to reach patients and clinicians what they must do to prevent and treat various secondary health problems to which people with spina bifida are particularly susceptible.

I look forward to continuing to work with my colleagues in Congress, officials at the CDC, and the hardworking advocates with the National Spina Bifida Program to help all those living with spina bifida.

Secondly, S. 286 contains a very important provision addressing an ongoing autism surveillance project I authored several years ago and which was incorporated as title I of the Children's Health Act. Right now, the CDC, in conjunction with state health departments and other research entities, is conducting autism surveillance in more than 15 States, including New Jersey. The rate of diagnosis of new autism patients is at least 1 in every 250 people, and may be even higher in some regions.

In order for us to obtain an accurate picture of the Nation's autism epidemic, it is absolutely imperative that health officials have the ability to gather the data they need. The provision in S. 286 will help ensure that the Departments of Health and Human Services and Education will work together to gather this much-needed data from education records, which are estimated to be the source of more than 40 percent of the data in need.

Without this coordination by health and education officials, we will never obtain an accurate picture of the autism epidemic because in order to achieve optimum results, we need to know more about this disorder, what causes it, and what we can do to prevent it. This data being collected is indispensable and will help us improve life for all with autism.

I would like to thank all of my colleagues who helped bring this bill to the floor today, and I look forward to continuing to work together so we can have healthier, happier babies and families.

Mr. BROWN of Ohio. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the Senate bill, S. 286.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. BILIRAKIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

SUPPORTING GOALS AND IDEALS OF NATIONAL EPILEPSY AWARENESS MONTH

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and concur in the Senate concurrent resolution (S. Con. Res. 48) supporting the goals and ideals of "National Epilepsy Awareness Month" and urging support for epilepsy research and service programs.

The Clerk read as follows:

S. CON. RES. 98

Whereas epilepsy is a neurological condition that causes seizures and affects 2,300,000 people in the United States;

Whereas a seizure is a disturbance in the electrical activity of the brain, and 1 in every 12 Americans will suffer at least 1 seizure;

Whereas 180,000 new cases of seizures and epilepsy are diagnosed each year, and 3 percent of Americans will develop epilepsy by the time they are 75;

Whereas 41 percent of people who currently have epilepsy experience persistent seizures despite the treatment they are receiving;

Whereas a survey conducted by the Centers for Disease Control and Prevention demonstrated that the hardships imposed by epilepsy are comparable to those imposed by cancer, diabetes, and arthritis;

Whereas epilepsy in older children and adults remains a formidable barrier to leading a normal life by affecting education, employment, marriage, childbearing, and personal fulfillment;

Whereas uncontrollable seizures in a child can create multiple problems affecting the child's development, education, socialization, and daily life activities;

Whereas the social stigma surrounding epilepsy continues to fuel discrimination, and isolates people who suffer from seizure disorders from mainstream life;

Whereas a significant number of people with epilepsy may lack access to medical care for the treatment of the disease;

Whereas in spite of these formidable obstacles, people with epilepsy can live healthy and productive lives and make significant contributions to society;

Whereas November is an appropriate month to designate as "National Epilepsy Awareness Month"; and

Whereas the designation of a "National Epilepsy Awareness Month" would help to focus attention on, and increase understanding of, epilepsy and those people who suffer from it: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That Congress—

(1) supports the goals and ideals of a "National Epilepsy Awareness Month";

(2) requests the President to issue a proclamation declaring a "National Epilepsy Awareness Month";

(3) calls upon the American people to observe "National Epilepsy Awareness Month" with appropriate programs and activities; and

(4) urges support for epilepsy research programs at the National Institutes of Health and at the Centers for Disease Control and Prevention.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members

may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on H. Con. Res. 48, the concurrent resolution now under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of Senate Concurrent Resolution 48, a concurrent resolution supporting the goals and ideals of National Epilepsy Awareness Month. This resolution urges funding for epilepsy research and service programs.

More than 2 million people in the United States have epilepsy. Approximately 300,000 of those 2 million are children or adolescents. November has been designated as National Epilepsy Awareness Month to increase public awareness of this very debilitating disease.

Epilepsy is a chronic condition that produces random, temporary changes in the brain's electrical activities. These changes cause seizures that affect awareness, movement, or sensation. Although there is currently no cure, there is medication available that can help to control seizures and to enable people with epilepsy to lead normal lives.

I would like to acknowledge, I guess I will call them the mothers of this legislation, Senator LINCOLN from the other body, and the gentlewoman from Florida (Ms. BROWN), my colleague from my home State, for their making us aware of this.

As chairman of the Subcommittee on Health of the Committee on Energy and Commerce, Mr. Speaker, I believe it is important that Congress work to increase public awareness of epilepsy and to dispel any myths and stigma, and, gosh knows, even today, there is still some stigma associated with this disease, and to promote research into the causes, treatment, and possible cures.

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Mr. Speaker, I urge my colleagues to support the resolution.

Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I thank the gentleman from Florida (Mr. BILIRAKIS) again, and especially the gentlewoman from Florida (Ms. CORRINE BROWN) for her work raising awareness about epilepsy. I would add that the gentlewoman from Florida (Ms. CORRINE BROWN) is interested in this legislation in response to what constituents have told her, that when people come forward and express what is important to them, often a Member of Congress responds to their constituents and really goes to bat for them, and the gentlewoman from Florida (Ms. CORRINE BROWN) did that with this legislation.

Epilepsy is a devastating and prevalent illness in our country. Ineffective treatment, delayed or lack of access to high-quality specialized care and the severity of the underlying neurological disorder are all possible contributors to the development of hard-to-control seizures.

Education and public awareness initiatives encouraging timely diagnosis and appropriate treatment can reduce the risk of severe brain damage. These strategies also can address damaging misconceptions which so many of us have about this disease. The resolution we are considering today recognizes the importance of our continuing fight against epilepsy, and the significant role the National Epilepsy Awareness Month plays in this effort. I hope my colleagues will join me in honoring the nearly 2.5 million Americans with epilepsy, will pass this resolution, and encourage all of us to take extra steps to combat this awful disease.

Mr. Speaker, I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Florida (Ms. CORRINE BROWN).

Ms. CORRINE BROWN of Florida. Mr. Speaker, I thank the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) for their leadership on this matter.

Mr. Speaker, 25 million Americans, or one in every 10, will experience at least one seizure in their lifetime. At least 2.3 million Americans currently have epilepsy, but the effects of this disease extend to family members, caregivers, and employers.

Epilepsy is a neurological condition characterized by recurrent, unprovoked seizures. Seizure disorders can develop and strike at any time in life. Approximately one-third of the 181,000 new cases of epilepsy and seizures that develop each year begin in childhood, and as many as 44 percent of the people with epilepsy continue to have seizures despite treatment. While the disorder does not discriminate, the state of health care in this country is such that the impact is most heavily felt in minority communities. Currently, there is no cure.

Epilepsy can be a formidable barrier to normal life, affecting educational attainment, employment, and personal fulfillment. The stigma associated with seizures and societal misconceptions about them remain as facts of life for many individuals with epilepsy and magnify the social effects of this condition. Increased health care costs result in an economic burden on individuals, families, communities, and society as a whole. A 3-year study, sponsored by the Epilepsy Foundation, to determine the financial cost to individuals and the Nation found that the annual economic cost is approximately \$12.5 billion. Of this, \$1.7 billion is direct medical costs while \$10.8 billion is indirect costs such

as lost earning power, social isolation, and widespread unemployment. The study also found marked divisions in costs among people with epilepsy whose seizures are well controlled and those who continue to experience seizures despite treatment.

Another disturbing fact about this issue, African Americans and minority populations are suffering disproportionately. Once again, when this country gets a cold, the African American community gets pneumonia. The Epilepsy Foundation recently launched a diversity initiative with the goal of ensuring that all people with epilepsy have access to valuable services and information that help them manage their condition, monitor their health, and pursue the highest quality health care. The initiative was launched in response to disparities identified in health care access and quality of life with epilepsy who are members of minority communities.

As our population continues to grow more diverse, these findings provide a wake-up call to the health care community that the health care quality divide is in danger of turning into a gulf. The Institute of Medicine reports that African Americans, Hispanics, and other minorities receive lower-quality health care than whites, even when income, age, and insurance status were considered.

The disparities in health care delivery to minorities are real. The real challenge is to take the reality and develop solutions. Awareness is the first step. It is for this compelling reason that I ask you to join me in designating November 2003 as National Epilepsy Awareness Month. This resolution passed the Senate earlier this year, and it is now up to the House to ensure that this measure is recognized. Together we can make a difference in the lives of people struggling with the medical and social impact of this serious health condition. I ask Members to please join me in supporting S. Con. Res. 48.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, in closing, I would like to say how pleased I am to have worked with the gentleman from Ohio (Mr. BROWN) on these suspensions here today. We have had a number of them. We have been here quite awhile, about 4 hours; and it is an illustration of what we can do if we work together. I would also like to express my appreciation to the staff on both sides of the aisle.

Mr. Speaker, I yield back the balance of my time.

Mr. BROWN of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would like to echo the words of the gentleman from Florida (Chairman BILIRAKIS) and the cooperation that he always shows in putting together good legislation out of the Subcommittee on Health.

Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. EMANUEL).

Mr. EMANUEL. Mr. Speaker, I rise today in strong support of S. Con. Res. 48, recognizing the goals of National Epilepsy Awareness Month.

Passing this resolution sends a strong signal of support to the 2.3 million Americans who suffer from this heart-breaking condition and life-threatening condition, and most importantly to their families.

Current treatments help for some, but not all. Twenty-five percent of all patients experience seizures which cannot be controlled, placing them in danger of irreversible damage. I applaud the continuing efforts of the researchers and medical professionals who improve the lives of those afflicted by epilepsy and who work towards its eventual cure. They deserve our unwavering support.

I want to also recognize one Chicago-based organization, which I am intimately and personally involved with. Through nationwide grass roots efforts, Citizens United for Research in Epilepsy, or CURE, seeks to find a cure for pediatric epilepsy and to raise public awareness of the disease, and they deserve our thanks.

Epilepsy is a cross-cultural condition that strikes people of all ages and income levels. In fact, 3 percent of all Americans will develop epilepsy by the time they reach age 75. Millions of people confront this tremendously challenging physical barrier to completing their education, working in the workplace, and supporting a family. Some must face this challenge without access to proper treatment.

We must support the effort of the National Institutes of Health and the Centers for Disease Control in their continued pursuit to improve these treatments. We must expand access to these treatments to all afflicted Americans regardless of income. And we must increase awareness among the American people of the severity and prevalence of this health crisis.

Mr. Speaker, I thank our colleagues in the Senate for passing this important resolution, as well as the gentleman from Ohio (Mr. BROWN) and the gentlewoman from Florida (Ms. CORRINE BROWN), and I strongly encourage my colleagues to support S. Con. Res. 48.

Mr. EMANUEL. Mr. Speaker, I rise today in strong support of S. Con. Res. 48, recognizing the goals of National Epilepsy Awareness Month. Passing this resolution sends a strong signal of support to the 2.3 million Americans who suffer from this debilitating condition and to their families. It signals our commitment to raising awareness of epilepsy and to providing the research funding needed to eradicate this heartbreaking and life-threatening condition.

Earlier this year, I circulated to my colleagues an article from the February 18th edition of the New York Times. It described mounting new evidence about seizures, its causes and effects, and the need for increasing research. There is growing awareness

among physicians and researchers that seizures can lead to brain damage, increased susceptibility to more frequent seizures, and even sudden death.

There has been a dramatic increase in epilepsy research over the last decade, but there is still much work to be done. Twenty-five percent of epileptic patients have uncontrollable seizures. Current treatment does not prevent some patients from suffering seizures and irreversible damage. That is why we have a responsibility to expand research to improve these treatments.

In my hometown of Chicago, one organization that is working to improve treatments for epilepsy is Citizens United for Research in Epilepsy, or CURE. CURE is a national organization founded by parents of children with epilepsy, which, through grassroots efforts, seeks to find a cure for pediatric epilepsy and to raise public awareness of the disease and its devastation.

Epilepsy is a cross cultural condition that strikes people of all ages and income levels. In fact, 3 percent of all Americans will develop epilepsy by the time they reach age 75. That's 3 percent who must confront a tremendously challenging physical barrier to completing their education, contributing in the workplace, and supporting a family life. While it is a formidable and daunting challenge, there is good news. Although existing treatments may not cure epilepsy, they can certainly help patients confront the challenge and lead normal, productive and happy lives. The bad news is that not all Americans have access to these services. Because they lack the resources for comprehensive treatment, they, their families, and their communities suffer needlessly.

We must support the efforts of the National Institutes of Health and the Centers for Disease Control in their continued efforts to improve these treatments. We must expand access to these treatments to all afflicted Americans regardless of income. And we must increase awareness among the American people of the severity and prevalence of this health crisis.

Mr. Speaker, I thank our colleagues in the Senate for passing this important resolution, as well as the gentlelady from Florida, Ms. BROWN, for introducing a companion resolution in the House. I also applaud the continuing efforts of the researchers and medical professionals who improve the lives of those afflicted by epilepsy, and who work towards its eventual cure. They deserve our unwavering support. I strongly encourage my colleagues to vote for S. Con. Res. 48.

Mr. HOYER. Mr. Speaker, I am pleased to support this resolution, S. Con. Res. 48, supporting the goals and ideals of National Epilepsy Awareness Month.

More than 2.3 million people in the United States have some form of epilepsy. Thirty percent of them are children under the age of 18. About 180,000 new cases of seizures and epilepsy are diagnosed each year. A large number of children and adults have undetected or untreated epilepsy. Yet so many people know very little about the condition, including how to detect it, and how to treat it.

I serve on the Labor, Health and Human Services, and Education Appropriations Subcommittee and have long advocated an increased federal commitment for both the research and treatment for adults and children with epilepsy. I have supported greater epi-

lepsy research at the National Institutes of Health to study causes and cures of this neurological condition. I was honored to be a part of establishing the first epilepsy-specific program at the Centers for Disease Control and Prevention. And I am pleased that this year the House has provided \$3 million for the Health Resources and Services Administration to implement a demonstration public health program to serve people with epilepsy who lack access to adequate medical care. I hope that funding will be included in the final omnibus appropriations bill for this purpose.

While the progress we have made so far in increasing research and improving public health strategies for epilepsy is important, we must also continue to increase awareness and education. By increasing awareness we can affect social attitudes, government programs, and the delivery of health care services for persons currently without treatment. We can improve efforts for prevention and treatment. And perhaps one day soon we can find a cure.

In about 70 percent of epilepsy cases there is no known cause. Of the remaining 30 percent, the most frequent causes are head trauma (such as from a car accident, sports accident, or a fall), brain tumor, stroke, poisoning (including lead poisoning and alcoholism), infection, or maternal injury.

But with treatment, people can achieve full or partial control of seizures in about 85 percent of cases. Drug therapy is often required treatment, and less often, surgery. Dietary changes can also sometimes control seizures.

Improved prevention and treatment is dependent on improved awareness and education.

This week many of us in Congress are discussing the need to provide seniors greater and improved access to prescription drugs. Seniors with epilepsy are no different. They need unimpeded access to, and coverage for, the critical anti-epileptic drugs that treat their condition. Many people with epilepsy are concerned about the availability of all anti-epileptic drug options when enrolling in managed care plans. A Medicare bill that pushes seniors into managed care may not meet the needs of this population. When we consider the Medicare legislation before us, we must ensure that seniors, including seniors with epilepsy, should not be forced to worry about their drug coverage.

I applaud this resolution and support the establishment of an annual Epilepsy Awareness Month.

Mr. BROWN of Ohio. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. SWEENEY). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and concur in the Senate concurrent resolution, S. Con. Res. 48.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate concurrent resolution was concurred in.

A motion to reconsider was laid on the table.

BASIC PILOT PROGRAM EXTENSION AND EXPANSION ACT OF 2003

Mr. SENSENBRENNER. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1685) to extend and expand the basic pilot program for employment eligibility verification, and other purposes.

The Clerk read as follows:

S. 1685

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Basic Pilot Program Extension and Expansion Act of 2003".

SEC. 2. EXTENSION OF PROGRAMS.

Section 401(b) of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (8 U.S.C. 1324a note) is amended by striking "6-year period" and inserting "11-year period".

SEC. 3. EXPANSION OF THE BASIC PILOT PROGRAM.

(a) IN GENERAL.—Section 401(c)(1) of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (8 U.S.C. 1324a note) is amended by inserting after "United States" the following: ", and the Secretary of Homeland Security shall expand the operation of the program to all 50 States not later than December 1, 2004".

(b) REPORT.—Section 405 of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (8 U.S.C. 1324a note) is amended—

(1) by striking "The" and inserting:

"(a) IN GENERAL.—The", and

(2) by adding at the end the following new subsection:

"(b) REPORT ON EXPANSION.—Not later than June 1, 2004, the Secretary of Homeland Security shall submit to the Committees on the Judiciary of the House of Representatives and the Senate a report—

"(1) evaluating whether the problems identified by the report submitted under subsection (a) have been substantially resolved; and

"(2) describing what actions the Secretary of Homeland Security shall take before undertaking the expansion of the basic pilot program to all 50 States in accordance with section 401(c)(1), in order to resolve any outstanding problems raised in the report filed under subsection (a)."

(c) CONFORMING AMENDMENTS.—Section 402(c) of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (8 U.S.C. 1324a note) is amended—

(1) in paragraph (2)(B), by striking "or entity electing—" and all that follows through "(ii) the citizen attestation pilot program" and inserting "or entity electing the citizen attestation pilot program";

(2) by striking paragraph (3); and

(3) by redesignating paragraph (4) as paragraph (3).

(d) ADDITIONAL TECHNICAL AND CONFORMING AMENDMENTS.—Title IV of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (8 U.S.C. 1324a note) is amended by striking "Attorney General" each place that term appears and inserting "Secretary of Homeland Security".

SEC. 4. PILOT IMMIGRATION PROGRAM.

(a) PROCESSING PRIORITY UNDER PILOT IMMIGRATION PROGRAM FOR REGIONAL CENTERS TO PROMOTE ECONOMIC GROWTH.—Section 610 of the Departments of Commerce, Justice, and State, the Judiciary, and Related Agencies Appropriations Act, 1993 (8 U.S.C. 1153 note) is amended—